U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

QME C	2017	
1. File Num	ber U-6955	2. Fiscal Year Covered From:
		01/01/2004 Through: 12/31/2005
3. Name a	nd address of person filing.	Name, file number, and address of labor organization.
Name	LEE SCHMIDT	Name UFCW, WINE, DISTILLERY & ALLIED WORKERS, LOCAL 186D Labor Organization File Number 061-171
P.O. Box,	Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street	401 GOLDRUN DRIVE	Street 329 DOWNEY AVENUE
City	Modesto	city Modesto
State	CALIF ZIP Code + 4 95354	State CALIF ZIP Code + 495354-1297
5. Position	in labor organization. PRESIDENT, PENSION TRUSTEE	en e

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
		7.a. Nature of Interest, Transaction, or Income.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		7.b. Amount.	
Street			
City	×		
State ZIP 0	Code + 4		

Signature

		ic cu i it i if a line information
15. Signature and verification. The undersigned declares, under penalty of Perjury	and other applicable pena	ities of the law, that all of the intormation
submitted in this report (including the information contained in any accompanying doci	iments), has been examin	ed by the signatory and is, to the best of the
submitted in this report (including the information containing any accompanying about	penalties in the instruction	ns)
undersigned's knowledge and belief, true, correct, and complete. (See the section on	penames in the instruction	IN GOOD FAITH. I WILL
IN SOME CASES I HAVE PROVIDED REASONABL	E ESTIMATES	IN COOR FATIAL . WILE
11 30 TO	MODE COMPLET	T THEODMATION DECOMES
FILE AN AMANDED FORM LM-DU FOR ZUU4 IF	MORE CUMPLET	P THE PRIMA THE
FILE AN AMENDED FORM LM-30 FOR 2004 IF	08.08 05	71197574=4745
Signed Charles On		
AN/ATI ADI E	Date	Telephone Number
AVAILABLE.		

Name of Person Filing Lee Schmidt File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 9. Business deals with: 8. Name and address of Business (including trade name, if any). CALIFORNIA WINERY WORKERS PENSION XX a. Labor Organization PLAN TRUST Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any PO BOX 9800 c. Employer 770 E. Shaw Avenue Street Fresno City ZIP Code + 4 93720-7708 CA State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. CALIFORNIA WINERY WORKERS PENSION Between Union and Trust PLAN TRUST Employer contributions on behalf of Union members. Trade Name, if any: P.O. Box, Bldg., Room No., if any PO BOX 9800 770 E. Shaw Avenue Street \$1,093,398 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. City Fresno ZIP Code + 4 93720-7708 5/6/04 TRUST MEETING 4/29-20/04 \$ 142.87 State CA 5/20/04 IFEBP airfare 11/04 370.90 8/5/04 TRUST MEETING 7/29-31,04 493.00 8/31/04 IFEBP 11/04 1459.00 12/17/04 IFEBP Conf. 11/04 201.62 \$2,667.39 12.b. Amount.

or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street		i	
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?		14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above)

Name of Person Filing Lee Schmidt File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 9. Business deals with: 8. Name and address of Business (including trade name, if any). Name UNION BANK OF CALIFORNIA XXa. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer 475 Sansome St, 12th Floor Street San Francisco City ZIP Code + 4 State 94111-3142 CA 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Money management, investments on behalf CALIFORNIA WINERY WORKERS PENSION of the trust. Handles commercial banking PLAN TRUST and is the costodian of its assets. PO Box 9800 P.O. Box, Bldg., Room No., if any 770 E. Shaw Avenue Street \$71,560 11.b. Approximate dollar value of such dealing. City Fresno 12.a. Nature of interest held or income received.

> ZIP Code + 4 93794-0800 11/18/04 dinner in New Orleans Both myself and my wife attended. This amount includes both of us.

> > 12.b. Amount.

\$125.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 State 14.b. Amount of payment. ? 13.b. Is the Business an Employer or Consultant

CA

State

File Number U-Lee Schmidt Name of Person Filing B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: BENEFIT ADMINISTRATION XX_{a. Labor Organization} Trade Name, if any: b. Trust PO Box 9800 P.O. Box, Bldg., Room No., if any c. Employer Street 770 E. Shaw Avenue Fresno City ZIP Code + 4 93794-0800 CA State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Between Union and Trust CALIFORNIA WINERY WORKERS Employer contributions on behalf of PENSION PLAN TRUST Union members. Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 9800 Street \$277.694 770 E. Shaw Avenue 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. Fresno ZIP Code + 4 93794-0800 11/18/04 dinner in New Orleans CA State Both myself and my wife attended. Amount includes for both my wife & myself. \$125.00 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above)

or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name		Ì	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City		}	
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?		14.b. Amount of payment.

Name of Person Filing

Lee Schmidt

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

9. Business deals with: 8. Name and address of Business (including trade name, if any). McMorgan and Company a. Labor Organization Trade Name, if any: XXb. Trust P.O. Box, Bldg., Room No., if any c. Employer Street One Bush St., Suite 800 San Francisco City ZIP Code + 4 94104-4425 State CA 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Investment Manager California Winery Workers Name Pension Plan Trust Trade Name, if any: Benefit Administration P.O. Box, Bldg., Room No., if any PO Box 9800 770 East Shaw Avenue Street not sure. 11.b. Approximate dollar value of such dealing. Fresno 12.a. Nature of interest held or income received. City CA ZIP Code + 4 93794-0800 1/29/04 Dinner not known State 4/29/04 Dinner not known 11/18/04 Dinner \$82.30 Each Dinners to all who want to attend prior to Pension meetin. My wife also attended.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 State 14.b. Amount of payment. ? 13.b. Is the Business an Employer or Consultant

12.b. Amount. Do not know full or estimated amounts.